U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  REC'D  L. 1825  E	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U • 3432	2. Fiscal Year Covered From:			
	0[ / 0] / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name John WAGNER	Name LAbores AFL-CIO 218			
	Labor Organization File Number 611-719			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street IIIS F.S. ROAD	Street 7232 HERTER INCASTRIAL DR.			
City MEDORA	City Godfacy			
State 7/ ZIP Code +4 62063 - 220				
5. Position in labor organization.	May represent the control of the con			
Enter appropriate data below if, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):			
	<u></u> j			
<ul> <li>A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.</li> </ul>				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	į			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City	A CONTRACT OF CONT			
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the			
Signed long Warner	on 7-11-05 (6/8) 729-3831			
Signed John Wagner	On 7-//-05 (6/8) 729-385/ Date Telephone Number			

Name of Person Filling John WAGNER	<u> </u>	File Number U- 39	32		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	<u></u>				
Trade Name, if any:	a. Labor Organizatio	on			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	).	A Section of the sect		
Name			Water and the American		
Trade Name, if any:			1		
P.O. Box, Bldg., Room No., if any			de la companya de la		
Street	11.b. Approximate dollar value	of such dealing.			
City	12.a. Nature of interest held	or income received.			
State ZIP Code + 4	or delice advisor Av		:		
	no. to a formation		:		
•		The state of the s	Parameter and Administration of the Control of the		
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name			1		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		,	:		
Street	•		:		
City	1				
State ZIP Code + 4		agasta orongo agasta por a para a			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		**************************************		
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Please be Advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have' to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the D.O.L. amnesty filing for 2004 and the prior five years.

John Wagner 7-11-05